

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042236

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2988

STATE FILE NUMBER

FILED OCT 18 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Koch

Length of stay in 1b
70 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY
OR TOWN

St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Robert Koch Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

5724 Coronado

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Jennie

Beran

4. DATE
OF DEATH

Month

Day

Year

Sept. 26, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
10-4-74

9. AGE (last birthday)
88

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

nil

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles Suda

13b. MOTHER'S MAIDEN NAME

Minnie Buchta

14. NAME OF HUSBAND OR WIFE

Joseph St. Louis 23, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT
Mrs. Del Kramer Birkenhead Dr.
Records of Robert Koch Hosp. - Koch, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia

INTERVAL BETWEEN
ONSET AND DEATH
? 24 hrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Fracture of right femur

3 mos.

DUE TO (c)

Fracture of right humerus

904.0-21

3 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Patient fell at home while trimming hedges

20c. TIME OF
INJURY

Hour Month, Day, Year
a.m. p.m.

6-26-63

Hip fx. was surgically repaired with a Holt nail and humerus treated with hanging cast.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

at home

01

20f. CITY, TOWN, OR LOCATION

St. Louis, Mo.

COUNTY

STATE

21. I attended the deceased from 7-18-63 to 9-26-63 and last saw him alive on 9-25-63

Death occurred at 5:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Eileen S. Lipsitz, M.D.

22b. ADDRESS

Robt. Koch Hosp. - Koch, Mo.

22c. DATE SIGNED

9-27-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9-30-63

23c. NAME OF CEMETERY OR CREMATORY

Lakewood Park Cem.

23d. LOCATION (City, town, or county)

Afton, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Southern Funeral Home
6322 S. Grand, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

9-27-63

26. REGISTRAR'S SIGNATURE

John C. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1 4000

2 20

3

4 1

5 2

6

7 0

8 2

9

10

11 0 m

12 4-1-0

13

41

David

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David Van Poyan

Licensed Embalmer No.

11242

P. O. Address

37 Lewis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.